

14230 U.S. PTO  
012904

2278 U.S. PTO  
10/767591  
012904

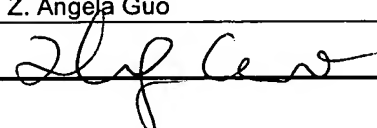
PTO/SB/05 (06-03)  
Approved for use through 07/31/2003. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

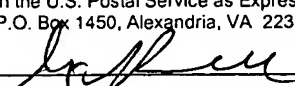
<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No. <b>WIBL-P01-018</b>	
	First Inventor	<b>Brent R. Stockwell</b>
	Title	<b>IDENTIFICATION OF GENOTYPE-SELECTIVE AGENTS FOR TREATING HUNTINGTON'S DISEASE</b>
	Express Mail Label No.	<b>EV 302 400 446 US</b>

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		Commissioner for Patents <b>ADDRESS TO:</b> P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	<b>ACCOMPANYING APPLICATIONS PARTS</b> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
3. <input checked="" type="checkbox"/> Specification [Total Pages <b>55</b> ] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies		
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>15</b> ]			
5. Oath or Declaration [Total Sheets <div style="border: 1px solid black; width: 40px; height: 15px;"></div> ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:  
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_  
Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_  
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The Incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>19. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> Customer Number: <b>28120</b> OR <input type="checkbox"/> Correspondence address below					
Name	<b>ROPES &amp; GRAY LLP Patricia Granahan</b>				
Address	<b>One International Place</b>				
City	<b>Boston</b>	State	<b>MA</b>	Zip Code	<b>02110-2624</b>
Country	<b>US</b>	Telephone	<b>(617) 951-7000</b>	Fax	<b>(617) 951-7050</b>

Name (Print/Type)	<b>Z. Angela Guo</b>	Registration No. (Attorney/Agent)	<b>54,144</b>
Signature		Date	<b>January 29, 2004</b>

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 302 400 446 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: <u>1/29/04</u>	Signature: <u></u> (Ginny Blundell)



14230 U.S. PTO

012904

PTO/SB/17 (10-03)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>FEE TRANSMITTAL</b>		<b>Compl t if Known</b>																																	
<b>for FY 2004</b>		Application Number	Not Yet Assigned																																
<small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Filing Date	January 29, 2004																																
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Brent R. Stockwell																																
		Examiner Name	Not Yet Assigned																																
		Art Unit	N/A																																
<b>TOTAL AMOUNT OF PAYMENT</b> (\$)		Attorney Docket No.	WIBL-P01-018																																
<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)																																	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>																																	
<input checked="" type="checkbox"/> Deposit Account:																																			
Deposit Account Number																																			
Deposit Account Name																																			
The Director is authorized to: (check all that apply)																																			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments																																			
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)																																			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																			
<b>FEE CALCULATION</b>																																			
<b>1. BASIC FILING FEE</b>																																			
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Code</th><th>Code</th><th></th><th></th></tr></thead><tbody><tr><td>1001 770</td><td>2001 385</td><td>Utility filing fee</td><td>385.00</td></tr><tr><td>1002 340</td><td>2002 170</td><td>Design filing fee</td><td></td></tr><tr><td>1003 530</td><td>2003 265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004 770</td><td>2004 385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="2" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td><b>(\$)</b></td><td><b>385.00</b></td></tr></tbody></table>		Large Entity	Small Entity	Fee Description	Fee Paid	Code	Code			1001 770	2001 385	Utility filing fee	385.00	1002 340	2002 170	Design filing fee		1003 530	2003 265	Plant filing fee		1004 770	2004 385	Reissue filing fee		1005 160	2005 80	Provisional filing fee		<b>SUBTOTAL (1)</b>		<b>(\$)</b>	<b>385.00</b>		
Large Entity	Small Entity	Fee Description	Fee Paid																																
Code	Code																																		
1001 770	2001 385	Utility filing fee	385.00																																
1002 340	2002 170	Design filing fee																																	
1003 530	2003 265	Plant filing fee																																	
1004 770	2004 385	Reissue filing fee																																	
1005 160	2005 80	Provisional filing fee																																	
<b>SUBTOTAL (1)</b>		<b>(\$)</b>	<b>385.00</b>																																
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>																																			
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>7</td><td>-20** =</td><td></td><td>0.00</td></tr><tr><td>1</td><td>-3** =</td><td></td><td>0.00</td></tr><tr><td colspan="4">Multiple Dependent</td></tr></tbody></table>		Total Claims	Extra Claims	Fee from below	Fee Paid	7	-20** =		0.00	1	-3** =		0.00	Multiple Dependent																					
Total Claims	Extra Claims	Fee from below	Fee Paid																																
7	-20** =		0.00																																
1	-3** =		0.00																																
Multiple Dependent																																			
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Code</th><th>Code</th><th></th><th></th></tr></thead><tbody><tr><td>1202 18</td><td>2202 9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201 86</td><td>2201 43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203 290</td><td>2203 145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204 86</td><td>2204 43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205 18</td><td>2205 9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="2" style="text-align: right;"><b>SUBTOTAL (2)</b></td><td><b>(\$)</b></td><td><b>0.00</b></td></tr></tbody></table>		Large Entity	Small Entity	Fee Description	Fee Paid	Code	Code			1202 18	2202 9	Claims in excess of 20		1201 86	2201 43	Independent claims in excess of 3		1203 290	2203 145	Multiple dependent claim, if not paid		1204 86	2204 43	** Reissue independent claims over original patent		1205 18	2205 9	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>		<b>(\$)</b>	<b>0.00</b>		
Large Entity	Small Entity	Fee Description	Fee Paid																																
Code	Code																																		
1202 18	2202 9	Claims in excess of 20																																	
1201 86	2201 43	Independent claims in excess of 3																																	
1203 290	2203 145	Multiple dependent claim, if not paid																																	
1204 86	2204 43	** Reissue independent claims over original patent																																	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent																																	
<b>SUBTOTAL (2)</b>		<b>(\$)</b>	<b>0.00</b>																																
<small>**or number previously paid, if greater; For Reissues, see above</small>																																			
		<b>Other fee (specify)</b>																																	
		<b>*Reduced by Basic Filing Fee Paid</b>																																	
		<b>SUBTOTAL (3)</b> (\$)																																	
<b>SUBMITTED BY</b> (Complete (if applicable))																																			
Name (Print/Type) Z. Angela Guo		Registration No. (Attorney/Agent) 54,144	Telephone (617) 951-7546																																
Signature		Date	January 29, 2004																																

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 302 400 446 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 1/29/04 Signature: (Ginny Blundell)